

EFFECTIVE DATE OF NOTICE: October 1, 2013

CHARLEVOIX EYE CENTER

1008 BRIDGE ST
CHARLEVOIX MI 49720
(231)547-7800

NOTICE OF PRIVACY PRACTICES

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. A copy of our privacy policy is available upon request.

AUTHORIZATION

I authorize the professional office of my optometrist named above to release health information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such eye care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the eye doctor insurance benefits otherwise payable to me. I understand that my eye care insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependent.

Signature (relationship if other than patient)

Date